

SDDF

DIRECT DEPOSIT SIGN UP FORM

*Please fill out all information completely and mail to: Kentucky Department of Labor,
Division of Worker's Compensation Funds, 1047 US Hwy 127 S, Suite 2 Frankfort, KY
40601. Direct Deposit may take up to 4 weeks to begin.*

CLAIM NUMBER: _____ SS# _____

CLAIMANT'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: () _____

*****BANK INFORMATION*****

(YOU MAY ATTACH A VOIDED CHECK HERE)

BANK NAME: _____

BANK ADDRESS: _____

BANK PHONE NUMBER: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CHECKING OR SAVINGS: _____

Signature of Payee